

VACCINE POINTS

"Vaccine Points" is a bi-monthly communication distributed by the Hawaii Department of Health to all participating Vaccines for Children (VFC) providers.

Test your vaccine knowledge.

Question: Stormy Weather, Birth Date: 2/9/2015 is in your office today. Her immunization record is shown below:

Hep B	2/9/15
Pediarix	4/15/15
	9/23/15
ActHIB	3/1/16
MMR	2/6/16
Varicella	3/1/16
Influenza	9/23/2015
	10/19/2017
	1/31/2019

If she is healthy and has no contraindications or precautions, which vaccine(s) does she need today? For each vaccine that she needs today, indicate whether she will need additional dose(s) of that vaccine and if so, when would the dose be needed.

<u>Vaccine(s) Needed Today</u>	<u>Additional Dose(s) Needed (Y/N)</u>	<u>Earliest Return Date for Additional Dose(s)</u>
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Source: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Stormy needs DTaP #3 today. She will need DTaP #4 6 calendar months after DTaP #3. DTaP #5 is not necessary since dose #4 will be administered at age 4 years or older. She received her first dose of Hib at age 12 months. She needs a second and final dose a minimum of 8 weeks after the first dose. Because Stormy is healthy and between age 24-59 months, she needs one dose of PCV13. Stormy needs a dose of IPV (her final dose): a 4th dose is not necessary if the 3rd dose was given at 4 years of age or older and at least 6 months after the previous dose. Her initial varicella vaccine was not valid: two live virus vaccines (e.g., MMR and varicella) not administered on the same day must be administered a minimum of 4 weeks apart. She should receive a varicella vaccine today and a second dose at least 12 weeks later.

DTaP #3	Yes	6 months
Hib #2	No	N/A
PCV #1	No	N/A
IPV #3	No	N/A
MMR #2	No	N/A
Varicella #1	Yes	12 weeks
Hep A #1	Yes	6 months

Answer: Vaccine Needed Additional Dose(s) Needed Earliest Return Date for Additional Dose(s)

